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DEC 17 2004

Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

	Coslovi et al.			
bbiic	09/650,388			
iled:	August 29, 2000			<u> </u>
itte:	VEHICLE CARRYING RAILROAD CAR AND BRIDGE PLATE THEREFOR			
Attom	ney Docket No. 5699-15	. Art Unit:		617
	The practitioner named below is authorized to concerned. Furthermore, the practitioner is authorized to 37 CFR 1.34:	o conduct interviews a uthorized to file corres		
•	Name		Registration Number	
	Kenneth A. Bousfield		40,460	
doe	s is not a Power of Attorney to the above-not have authority to sign a request to chan andonment, a disclaimer, a power of attorney, or signee of the entire interest or an attorney of med practitioner should be executed and filed in	or other document requ	iring the signature separate Power :	e of the applicant, of Attorney to the above-
doe	es not have authority to sign a request to entire andonment, a disclaimer, a power of attorney, or signee of the entire interest or an attorney of remained practitioner should be executed and filled in	or other document requ	iring the signature separate Power tent and Tradema	e of the applicant, of Attorney to the above-
doe: aba: assi nam	es not have authority to sign a request to entire andonment, a disclaimer, a power of attorney, or signee of the entire interest or an attorney of remained practitioner should be executed and filled in	or other document requescord. If appropriate, and the United States Pa	iring the signature separate Power tent and Tradema	e of the applicant, of Attorney to the above-
doe: aba assi nam	es not have authority to sign a request to standard and onment, a disclaimer, a power of attorney, or signee of the entire interest or an attorney of remed practitioner should be executed and filled in SIGNATE.	or other document requescord. If appropriate, and the United States Paragraph of Practitioner of Research	iring the signature separate Power tent and Tradema	e of the applicant, of Attorney to the above-

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.